

OASIS · AT A GLANCE

The Federal Medicaid Cliff at 21

EPSDT requires Medicaid to furnish any medically necessary service in a federal benefit category, even one the state does not cover for adults. On the twenty-first birthday that requirement ends and the state adult benefit package takes over.

PILLAR: WHEN, WHY, HOW | COMPANION TO BLOG POST B174 | 2-PAGE BRIEF

21

THE AGE EPSDT ENDS

Section 1905(r) of the Social Security Act applies to enrollees under the age of 21. There is no parallel provision for anyone older.

How a birthday becomes a coverage decision

GUARANTEE, PACKAGE, DENIAL

STAGE 1

The federal floor is high under 21

EPSDT requires states to furnish any medically necessary service that fits a federal Medicaid benefit category, whether or not the state plan lists it.

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STAGE 2

At 21 the floor drops to the state plan

The adult benefit package governs instead, with its optional benefits, visit limits, and prior authorization standards.

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STAGE 3

Nobody sends a letter

There is no exit meeting and no transition plan. An authorization runs out and the next request is measured against a different rule.

The same person, two legal standards

BEFORE AND AFTER THE BIRTHDAY

What changes when EPSDT ends

Nothing clinical changes on the birthday. The paragraph of federal law that applies changes, and the state gets its discretion back.

WHAT IS AT STAKE	UNDER 21	21 AND OVER
Legal standard	Any medically necessary service in a federal benefit category	Whatever the state adult benefit package covers
State plan listing	Not required. CMS: services need not be listed in the state plan	Required. If it is not covered, it is not covered
Benefit status	Mandatory benefit	Optional benefit
Physical therapy	Furnished when medically necessary	Michigan covers up to 144 units a year
Speech therapy	Furnished when medically necessary	Michigan covers up to 36 visits a year
Notice to the family	None required	None given

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Adult versions of EPSDT

Section 1905(r) applies to enrollees under the age of 21 and stops there. No state can be required to build a parallel.

38 million

Children on the guarantee

Children enrolled in Medicaid and CHIP as of May 2024, each carrying EPSDT until the twenty-first birthday.

36

Adult speech visits a year

Michigan Medicaid fee-for-service covers up to 36 visits of speech therapy per calendar year for an adult beneficiary.

THE BIRTHDAY NOBODY PLANNED AROUND

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Eleven days after the party, the occupational therapy authorization came back denied, and the letter explained that the service was not covered for adults in our state. Nothing about him had changed. The category he was filed under had.

SAME PERSON. SAME NEEDS. DIFFERENT FEDERAL RULE.

THE TAKEAWAY

EPSDT is not a program your child was enrolled in. It is a limit on what the state is allowed to refuse, and it expires on a date nobody schedules a meeting about.

TURN THE PAGE

The twelve month inventory, the paperwork to collect before the pediatric team discharges him, and what the appeal is actually for.

Build the pre-21 inventory

ONE PAGE, TWO COLUMNS

LIST

Every service in place today

☐ Physical, occupational, and speech therapy

☐ Behavioral health and psychiatric care

☐ Personal care and nursing hours

☐ AAC devices and durable medical equipment

☐ Dental, vision, and specialty care

ASK

What replaces each line

☐ Which adult benefit pays for this service

☐ Whether the provider accepts adult Medicaid

☐ What the annual limit is, in writing

☐ Whether prior authorization applies

☐ Whether a waiver covers it as habilitation

COLLECT

Paperwork, while it is free

☐ Current authorizations with end dates

☐ Standing orders and prescriptions, dated

☐ Medical necessity letters naming function

☐ Therapy evaluations and progress summaries

☐ Direct line for every prescribing clinician

FILE

When the denial arrives

☐ Request prior authorization before the cap

☐ Submit at least three weeks ahead in Michigan

☐ Appeal every denial in writing

☐ Ask which criterion the request failed

☐ Keep the denial notice. It carries your rights

BRING ONE PAGE, NOT A BINDER

The pre-21 inventory sheet

01

Authority

Section 1905(r), Social Security Act; 42 CFR 441.56.

02

Guidance

CMS SHO #24-005, issued September 26, 2024.

03

Ends

The twenty-first birthday. No notice is required.

04

Michigan caps

144 units PT, 144 units OT, 36 visits speech.

YOUR MOVE

When you are told the service is not covered for adults

1

Accept the premise

They are describing the default, not the ceiling.

2

Ask for the criterion

Which standard did this request fail, in writing.

3

Name the function lost

Not the diagnosis. What stops working without it.

4

Request the exception

Limits usually come with an exception process.

5

Appeal

A denial notice carries appeal rights. Use them.

Defaults move when somebody with documentation pushes on them, and stay exactly where they are when nobody does.

SOURCES

Centers for Medicare and Medicaid Services. Best Practices for Adhering to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Requirements. State Health Official Letter #24-005. September 26, 2024. Source of the 38 million children enrolled in Medicaid and CHIP as of May 2024, and of the statement that services need not be listed in the state plan to be covered under EPSDT requirements.

Centers for Medicare and Medicaid Services. Mandatory and Optional Medicaid Benefits. Source of EPSDT as a mandatory benefit, and of physical therapy, occupational therapy, and speech, hearing and language disorder services as optional benefits under Section 1905(a)(11) and 42 CFR 440.110.

Social Security Act, Section 1905(r); 42 CFR 441.56. The EPSDT benefit and its application to enrollees under the age of 21.

Michigan Department of Health and Human Services. Outpatient Therapy Guide, Medicaid Provider Manual. Source of the 144 units of physical therapy, 144 units of occupational therapy, and 36 visits of speech therapy annual limits for adult fee-for-service beneficiaries, and of the prior authorization requirement.

Medicaid and CHIP Payment and Access Commission. EPSDT in Medicaid. Overview of the benefit, its statutory basis, and state obligations.

ABOUT THE AUTHOR

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